

THIRD ANNUAL

REPORT

OF THE

Suffolk

LUNATIC ASYLUM.

DECEMBER 1840.

Woodbridge:

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1841.



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## R E P O R T.

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IT is scarcely possible, in this year's Report, to avoid a reference to several statements, which within the last few months, have from time to time been brought forward in the Public Press; as they necessarily engage the public mind, in every thing connected with, or coming from, a Lunatic Asylum. While it is readily acknowledged, that much that has been said, does honour to the feelings of their Authors, in the cause of the Insane Poor; it is still with great humility, and at the same time with great thankfulness, declared, that much, of what is pointed to as novel, both in theory and practice, has been in active operation in this House from its commencement.

At a very early period, indeed *nine* years ago, the present Medical Officer gave a distinct order, that *nothing*, in case of sudden violence, beyond the quiet removal to a separate room, should ever be resorted to, without his own personal inspection ; and, so entirely has that original determination been acted on, that from that time, to the present, personal restraint has been almost unknown to us ; and the instances have been rare indeed, where it has been in operation for twenty-four hours together.

This circumstance of itself might be enlarged upon, as coming from an official body, in a way which would put the character of indelicate assumption on any individual attempt ; which is rather to state facts, and leave others to draw their conclusions ; and to give the test of *experience*, without promoting or encouraging conjecture. Though this experience goes fully to confirm all that has been said on the advantage, and very *much* upon the practicability, of carrying out what may be called the NO-RESTRAINT SYSTEM, it does not go to the corroboration of the startling assertion, "that restraint is *always* injurious, and *never* justifiable." The common Policeman fails in his duty, if he does not prevent by *restraint*, when he cannot do without it, the fatal suicidal act ; and those who judge from

*facts*, (not ad captandum statements) will readily trace the parallel. Such as are *really* conver-sant by *daily* association with, (not passing glances, at) Insane Patients, must have painfully felt the pressure of cases, where, to withhold the guardianship of a salutary restraint, would be to refuse that help which every Medical Man is bound to afford to an Individual; especially when with something *below* the *infancy* of *mental* power, he shews in a dangerous degree to all about him, and to every thing near him, the full *manhood* of destructive physical strength.

In a Lunatic Asylum, there should be no acting upon *momentary impulse*; while there should always be the *preparation* to act on *sudden emergency*. The momentary impulse is *temper*: he who cannot command it, is better away from the Insane: acting on sudden emergency, is *principle*, previously formed, and carried out as circumstances occur. That such circumstances *do* occur, the two following cases abundantly prove; they are not recent cases (they occurred in *London*) nor was their treatment by restraint, or the result perhaps *might* have been different.

“A very violent Man, with self-destructive propensity, was confined to his room; every

thing was taken from him which could be imagined in any way capable of being instrumental for the execution of such a purpose. He was remarked on one occasion to be unusually quiet: and on his Keeper's looking through an aperture in his apartment, he discovered him scooping out one of his own eyes, with a bit of broken china that he had found in the straw of his mattress, which he had torn to pieces, and with his face full in the glare of the sun, he had completely accomplished this horrid act, before the door could be opened to secure him."

"A Lady cut her throat severely but not fatally. Her friends could not be prevailed on to believe she was Insane. She recovered; but was continually shewing evidence of her unhappy condition through the whole progress of her cure. This first act was attributed to an unsuccessful speculation, and when her affairs had resumed that comfortable train, from which they had been thrown by it, she was supposed to be well. One day she was thought to stay longer in her bed room than usual, and a person went up to see her: she found her sitting before her dressing-glass, with a bason under her chin, and a knife in her hand, cutting her throat again, as deliberately as a Surgeon would

have performed an operation. She recovered this time also, but she afterwards made a third and an effectual attempt."

These cases are illustrative of the absence of pain which frequently attends a physically disordered state of brain; and they are very teaching lessons of the extreme guardianship which suicidal Patients require. None but those who have experimentally felt the great distress which such attempts occasion, can possibly tell with what an earnest desire one would cling to every suggestion, and adopt every means, for the prevention of so lamentable an issue. These events, when they do occur, are generally *at night*; and this is not alone from the feeling of unobserved secrecy, but from the peculiar restlessness of the Patients' condition, which might be traced to the same source of excitement, which on the accession of fever, induces *delirium at night*.

Wakefulness again, is an attendant on *both* the leading forms of Insanity; it is frequently an *accompanying*, as well as a preceding, symptom of Mania; and to the Melancholic, where sleep is afforded, it is often rather a sort of drowsy watchfulness, constantly exercised in nocturnal visions, and broken in upon by frightful dreams.

Our number of admissions this year, with determined or attempted suicide, are very many—21 out of 69—10 Men, 11 Women.

The absence of pain, or the insensibility of the Nervous System, to the agency or operation of physical injury, would make one particularly alive to the necessity of a strict scrutiny into *possible* discomforts, which may not be complained of. It is certain, that COLD operates injuriously, and subjects Patients of this description, to injuries, without any notice or warning on their part. The *same* insensibility in the eye and the throat case just alluded to, applies equally to the effect of cold on the system. And going from generals to particulars, it may be said that *this* is the *great*, and indeed the *ONLY*, object of *present solicitude* here. The lower parts of our House--the basement stories--are still *very cold*; there is a very great extent of stone flooring, and though our present mode of warming answers very well, it *certainly is not enough*.

It is hoped, that our Report this year, will not be considered less favourable than usual. Our Admissions are, 31 Males, 38 Females,—total 69. Our Discharges, cured, 37, viz.—14 Men and 23 Women, making our  $\frac{55}{69}$  centage of *cures*

about the same as two former Reports—viz.  $38\frac{3}{4}\text{ } \text{\AA} \text{ cent}$ . There have been 4 removed at request of friends, and 20 have died—7 Men, 13 Women. Of these last, as usual, several have been inmates of only a few days—one 7 days, one 10 days, another 13 days, and three 15 days. There is great uniformity in our Admissions and Discharges; this year varying from 1838, only by three Admissions, and the *Cures equal*; the deaths only one more.

We have again an encreased number of Patients, and again a preponderance of Females. By some trifling alterations, accommodation can now be pretty comfortably afforded to 100 Females; and the like provision may be made on the Male side, at an equally small expence, and only as Admissions demand it. This does not interfere with the Rooms fitted up as Fever Wards on either side; but leaves each unoccupied in case of illness: and with our present arrangement of building, this is as much as we can ever hope to do.

We have now an old standing, but very interesting, if not a unique case, in the House; which perhaps it may be well to record. It is that of an Individual who experiences a complete change of erroneous impressions, as the

disease changes from Mania to Melancholy. This it does constantly, with short intervening periods. In the former instance there is great excitement, and high delight at the expected elevation of a splendid wedding; in the latter, the most abject state of despondency, on the supposed loss of *friends, relatives, property,* and so on. The peculiarity is, that upon each change, the like impressions return; and under one stage the delusion is spoken of with regret and indignation, as it is only shouldered out by the altered folly of the other. The delusions are never encouraged in *either* form, but always plainly discoursed of. Indeed our attendants are taught as a principle, that all *deception* is bad, and in their general bearing to those under their charge, to act on the remembrance, "that whatever tends to lead a Patient to think himself deceived, encourages him also to deceive." There are few practices more common among new attendants, and those who are not conversant with Insanity, than such discourse as keeps up erroneous impressions, by the indulgence of apparent acquiescence in them. And there are not any more injurious to a Patient's restoration. To address a fancied King and Queen, as if they were *really* such, is to tell them falsehoods, which they themselves are the first to detect.

Our hereditary Admissions this year are very numerous: 10 Men, 16 Women—26 out of 69 *acknowledged*, either in the direct line of descent, or in the collateral branches. We have now *Mother and Son, Brother and Sister, and two Sisters*, in the House: and we have had *Mother and Daughter, Grandfather and Grandson, Uncle and Nephew, Uncle and Niece, Aunt and Nephew, two Brothers, and two Cousins*; and with this very curious addition, considering there was no relationship between them—*Husband and Wife*. These are enough to draw attention to, and raise a warning against, those inconsiderate marriages, and interlineal connections, which in all human probability must entail dangerous distractions upon generations to come.

It is scarcely necessary to refer to the subject of *diet*. The question has been repeatedly before the Committee; and it was settled, after much investigation, nearly five years ago, and nothing has since occurred to induce the Medical Officers to change the opinion they then unitedly gave. Our Patients have *enough*—they have none to spare.

In regard to any future proceedings, our actual capabilities of accommodation, and our limited number of servants, should be taken into

account; but it is a *reasonable* question, if after the length of time which this House has been opened, we have gone on under present arrangements, with as many average *Cures* as our neighbours; as few deaths, and as much freedom from untoward circumstances; whether any expected benefit from an altered course is likely or not to exceed the cost of obtaining it. If Rooms are to be made for the avoidance of supposed evils, or on the expectancy of contingent good; or servants increased, to come up to Northampton, Lincoln, or London; where each one's charge is limited to nine, or at the utmost *ten*, the whole system must be altered. We have only one servant on either side, to rather more than *twenty*; and few as this is, it is conscientiously believed that our Patients have every attention that it is essential to give them; and it is but honest to bear this willing testimony to that unwearied kindness which our attendants after many years' service invariably shew. An Invalid Patient was admitted this year (an Inmate of ten days)—two nurses sat up with her for seven successive nights. Such attention to Inmates like ours, is not always to be obtained, either *for* money or *by* numbers:—it is part of the system of management in regard to domestics as well as Patients: the *regular* working of the wheel within wheel—

whose revolving course has for so long a time marked the progress of this large, but hitherto peaceful and attached household:—and *proved* that the willing servitude of the few, is as *really* effectual as ever the laggard labour of three times their number could be. It is earnestly trusted that this feeling will be long kept up; an opposite course could only harrass and agitate the mind, and interfere with that *calm* and quiet, which is essential to the due discharge of all onerous duties.

“ It’s easy to find equitable reasons  
For striking off the fetters of the Maniac ; ”

but it is not so easy, amidst conflicting suggestions, to keep one’s *own* views clear, and to act calmly and dispassionately upon them. No restraint, is said to be only a part of a great system; it should be added the *ALL restraining system* of universal kindness; for unless there is something beyond *it*, the Man may be unmanacled in the Asylum, while that moral depravity, which is the *essential cause*, and guilt and sin the *real* source, will exercise their domineering sway again, on the return to former associates and habits; and with restoration to liberty, he *becomes* the fettered slave of *himself*.

Remedies cannot be sought for here (nor *found*) in physical agents *alone*, any more than

they are available in cases of an opposite character; where remorse of conscience on the iniquities of youth, leads to a suspension, rather than a violation, of the reasoning power. These are strong, and indeed *imperative* reasons for the conveyance of SACRED TRUTH: moral and religious principles should be ceaselessly inculcated, to counteract (as far as human power can) the effects of *moral evil* on the *animal frame*. Public worship, in conjunction with those who are more favoured than themselves, does not only elevate them from the low scale of animal existence, to the feelings of their *just* (and in many instances their responsible) equality; but it leads them mutually to seek, with those who have no less need than themselves, the help of *Him*, who alone can *give* to the one, or *preserve* to the other, “*the Spirit of a sound mind.*”

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J. KIRKMAN, M.D.  
Medical Superintendent.

*Suffolk Lunatic Asylum,*  
DECEMBER 31, 1840.

# APPENDIX.

## PATIENTS ADMITTED, DISCHARGED, AND DEAD,

From 1st January to 31st December, 1840.

SUFFOLK LUNATIC ASYLUM.

15

	Males.	Females.	Total.
Patients in the House 31st December, 1839 . . . . .	80	105	185
Admitted since . . . . .	31	38	69
Discharged Cured . . . . .	14	23	37
Discharged not Cured . . . . .	1	3	4
Died . . . . .	7	13	20
Remaining in the Asylum, 31st December, 1840 . . . . .	89	104	193

## TABLE OF ADMISSIONS, DISCHARGES, AND DEATHS,

In the whole Twelve Years, since the Asylum opened.

Years.	MALES.		FEMALES.		TOTAL.		In the House at the end of each Year.	
	Admitted.	Discharged.	Admitted.	Discharged.	Total.	Total.	Females.	Total.
1829	72	11	11	9	2	22	15	105
1830	48	12	21	11	3	36	18	67
1831	42	8	12	16	15	27	26	80
1832	42	21	4	25	19	41	25	75
1833	34	18	4	22	22	32	22	79
1834	32	16	7	23	14	34	22	75
1835	39	18	9	27	8	23	12	55
1836	30	11	13	24	7	27	17	91
1837	30	13	5	18	11	16	14	78
1838	35	16	2	18	13	23	16	81
1839	29	15	5	20	10	9	14	42
1840	31	14	1	15	7	38	4	41
Total.	464	173	63	236	134	5	471	501

ADMITTED IN THE YEAR 1840.

## SUFFOLK LUNATIC ASYLUM.

17

Cases not exceeding three months' duration and first attack.	Cases not exceeding twelve months' duration and first attack.	Cases of more than two years' duration	Cases of those who have had previous attacks.
16	7	8	11
17	16	27	27
18	17	18	19
19	18	20	21
20	19	21	22
21	20	22	23
22	21	23	24
23	22	24	25
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## THIRD ANNUAL REPORT

## AGES OF PATIENTS ON ADMISSION IN 1840.

From Ten to Twenty.	Twenty to Thirty.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.		
2	5	7	9	11	8	5	3	8	3	6	1	1	31	38	69

## AGES OF PATIENTS DIED IN 1840.

From Ten to Twenty.	Twenty to Thirry.		Thirty to Forty.		Forty to Fifty.		Fifty to Sixty.		Sixty to Seventy.		Seventy and upwards.		TOTALS.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	TOTAL.		
1					2	3	2	3	2	4	1	2	7	13	20

## SUFFOLK LUNATIC ASYLUM.

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TABLE SHEWING THE NUMBER OF MONTHLY ADMISSIONS,

Throughout the Twelve Years since the Asylum opened, with a Total of each Twelve Months, ending 31st December, 1840.

By this Table it appears, that the greatest number of both Male and Female Admissions, have been in the Months of April and July. January being the *opening Month*, is not taken into Account. Average number of Patients, for Twelve Years, 159—7 over.

TABLE SHEWING THE WEEKLY AND ANNUAL CHARGE FOR EACH PATIENT, SINCE THE ASYLUM OPENED.

YEARS.	1st Quarter.		2nd Quarter.		3rd Quarter.		4th Quarter.		Annual Charge.		
	s.	d.	s.	d.	s.	d.	s.	d.	£.	s.	d.
1829	12	2	8	2	7	0	7	0	22	19	10
1830	7	7	6	5	5	3	7	0	17	1	3
1831	7	0	7	7	5	10	7	0	17	16	5
1832	6	5	5	10	5	10	5	10	15	10	11
1833	5	10	5	10	5	3	5	10	14	15	9
1834	5	10	5	3	5	10	5	10	14	15	9
1835	7	0	5	3	4	8	5	10	14	15	9
1836	5	10	5	3	5	10	5	10	14	15	9
1837	7	0	5	10	5	10	5	10	15	18	6
1838	6	5	5	10	5	10	6	5	15	18	6
1839	7	0	6	5	5	10	6	5	16	13	8
1840	7	0	6	5	6	5	7	0	17	8	10

FINIS.